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PATENT & TRADEMARK OFFICE

16455

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PTO/SB/21 (6-98)

Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/697,877

Filing Date October 26, 2000

First Named Inventor David A. Balaban

Group Art Unit 1645

Examiner Name C. Wilder

Attorney Docket Number 3330.2/US

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Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☐ Fee Attached

☐ Amendment / Response

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☒ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/ Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition Routing Slip (PTO/SB/69) and Accompanying Petition

☐ Petition to Convert to a Provisional Application

☐ Change of Correspondence Address

☐ Terminal Disclaimer

☐ Small Entity Statement

☐ Request for Refund

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Additional Enclosure(s) (please identify below):

Return postcard
Form 1449
Eight (8) References

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Leticia R. Block, Reg. No.: 50,167

Signature

Leticia R. Block

Date

Sep. 20, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 9/20/02

Typed or printed name Sylvia Rogers

Signature

Sylvia Rogers

Date

9/20/02

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1645/1

FEE TRANSMITTAL
for FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/697,877

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METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES	
Deposit Account Number	01-0431	Fee Code	Fee (\$)
Deposit Account Name	AFFYMETRIX, INC.	Large Entity Fee Code	Small Entity Fee Code
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		105	130
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		127	50
2. <input type="checkbox"/> Payment Enclosed:		139	130
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		147	2,520
		112	920*
		113	1,840*
		115	110
		116	400
		117	920
		118	1,440
		128	1,960
		119	320
		120	320
		121	280
		138	1,510
		140	110
		141	1,280
		142	1,280
		143	460
		144	620
		122	130
		123	50
		126	180
		581	40
		146	740
		149	740
		179	740
		169	900
		Other fee (specify) Information Disclosure Statement Fee 180.00	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$ 180)	

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity Fee Code	Small Entity Fee Code
101	740
106	330
107	510
108	740
114	160
SUBTOTAL (1) (\$ 0)	
2. EXTRA CLAIM FEES	
Total Claims	-20 ** = 0
Independent Claims	-3 ** = 0
Multiple Dependent	X = 0
Large Entity Fee Code	Small Entity Fee Code
103	18
102	84
104	280
109	84
110	18
SUBTOTAL (2) (\$ 0)	

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Leticia R. Block	Registration No. Attorney/Agent	50,167
Signature	Leticia R. Block	Telephone	408/731-5000
		Date	Sep. 20, 2002

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